

FLOWER POWER MEET-League Entry Form
March 23-24, 2024

Team Name: _____
E-mail Address: _____ Phone: _____
Team Address: _____ City: _____
State: _____ ZIP: _____
Coach Name(s): _____

***Please list your gymnasts' ages as of March 24, 2024**

Competitor Name	Level	Age	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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11.			
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16.			
17.			
18.			
19.			
20.			

Make Check Payable to:
KC Gymnastics
116 NW Plaza Dr.
Riverside, MO 64150
816-741-8270

Level	# of Gymnasts	Entry Fee	Total
Nickel(Rising Stars)		X \$60	=
Level 2		X \$60	=
Level 3		X \$60	=
Level 4		X \$60	=
Xcel Bronze		X \$60	=
Xcel Silver		X \$60	=
Xcel Gold		X \$60	=
Xcel Platinum		X \$60	=
Xcel Diamond		X \$60	=
Team	Levels:	X \$20	=

Roster and Payment due
3/1/2024!

Total Due _____